

**EFS-WEB
TRANSMITTAL FORM**

Total Number of pages
in this submission:

13

Application No.:	10/625,822
Confirmation No.:	7790
Filing Date:	JULY 22, 2003
First Named Inventor:	Catherine Park
Art Unit:	1651
Examiner Name:	NAFF, DAVID M.
Attorney Docket No.:	3831.09

Check Where Applicable:

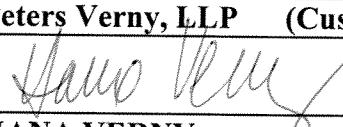
ENCLOSURES:

<input checked="" type="checkbox"/>	Amendment/Reply
	<input checked="" type="checkbox"/> After Final
	<input type="checkbox"/> Affidavit/Declaration
<input checked="" type="checkbox"/>	Extension of Time Request (ONE MONTH)
	Express Abandonment Request
	Information Disclosure Statement
	Certified Copy of priority documents
	Reply to Missing Parts /Incomplete Application
	<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53
	Drawings(s)
	Licensing-related papers
	Petition
	Petition to Convert to a Provisional Application
	Power of Attorney, Revocation
	Change of Correspondence Address
	Terminal Disclaimer
	Request for Refund
	CD, Number of CD(s):
	<input type="checkbox"/> Landscape Table on CD
	After Allowance Communication to TC
	Appeal Communication to Board of Appeals and Interferences
	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
	Proprietary Information
	Status Letter
<input checked="" type="checkbox"/>	Other Enclosure(s) (Identified Below)

REMARKS:

**COPY OF RETURN RECEIPT POSTCARD STAMPED AS RECEIVED BY
USPTO 1/14/2008**

SIGNATURE OF ATTORNEY:

Firm Name:	Peters Verny, LLP (Customer No: 23308)		
Signature:			
Printed Name:	HANA VERNY		
Date:	SEPTEMBER 11, 2008	Reg. No.:	30,518

CERTIFICATE OF E-FILING

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is, on the date shown below, being transmitted via the Office electronic filing system in accordance with 37 CFR 1.6(a)(4).

Signature:		
Printed Name:	Melinda Tompkins	Date: September 11, 2008

EFS DOCUMENT INDEXING

Document File Name	Description	Multipart?	Pages
EFSWEBHTML	General Transmittal	No	2
EXTTOFTIME	1-mo Time Extension	No	1
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Claims Count

Total Claims:	
Independent Claims:	